



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 163370		2. Exact name of the Corporation Iglesia Evangelica Primitiva	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preach the gospel of JESUS christ	
4. NAICS Code 831110			
6. Principal Office Address 921 main st		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Leonel Areche		Vice-President Name Arleidy Rosario	
Street Address 617 Pine st		Street Address 617 Pine st	
City Central Falls	State RI	City Central Falls	State RI
Zip 02863		Zip 02863	
Secretary Name Jodeline Alice		Treasurer Name Olga Trindade	
Street Address 48 Reuven		Street Address 236 Cowden st	
City Fall River	State MA	City Central Falls	State RI
Zip 02723		Zip 02863	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Romano Benjamin		Director Name Vinson Salomon	
Street Address 48 Reuven # 4		Street Address 48 Reuven # 10	
City Fall River	State MA	City Falls River	State MA
Zip 02723		Zip 02725	
Director Name Muchina Salomon		Director Name Leo-neklie Joseph	
Street Address 48 Reuven st 10		Street Address 74 Harrison st	
City C Falls	State MA	City Fall River	State MA
Zip 02723		Zip 02723	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Leonel Areche			Date 3/3/25
Signature of Officer/Authorized Representative 			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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